

Attorney's Docket No. P-2590-1/TAC

COMBINED DECLARATION AND POWER OF ATTORNEY(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,  
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

☒ original  
☐ design  
☐ supplemental

NOTE: If the declaration is for an international Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

☐ national stage of PCT

NOTE: If one of the follow 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

☐ divisional  
☐ continuation  
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTIONIMPROVED METHOD FOR APPLYING BSR ELASTOMERSPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

(a) ☒ is attached hereto.(b) ☐ was filed on \_\_\_\_\_ as

☐ Serial No. 08/\_\_\_\_\_ or  
☐ Express Mail No. \_\_\_\_\_ (if Serial No. not yet known)  
and was amended on \_\_\_\_\_ (if applicable)

(c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_

\_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_  
\_\_\_\_\_ (if any).

## ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 Code of Federal Regulations § 1.56 and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent.

\_\_\_\_\_ In compliance with this duty there is attached an information disclosure statement.

### PRIORITY CLAIM (35 U.S.C. § 119(a) - (d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) ☒ no such applications have been filed.

(e) \_\_\_\_\_ such applications have been filed as follows

**NOTE:** Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

EARLIEST FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION AND ANY  
PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a) - (d)

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIM UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

### **CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (35 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

**PROVISIONAL APPLICATION NUMBER**

**FILING DATE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Declaration and Power of Attorney [1-1] page 2 of 4)

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

E.J. Biskup	18,987	E.T. Jones	40,037
R.C. Collins	27,430	J.F. Learman	17,069
P.J. Ethington	17,299	J.K. McCulloch	17,451
J.C. Evans	20,124	J.P. Moran	20,941
R.L. Farris	25,122	S.L. Permut	28,388
W.H. Francis	25,335	M.J. Schmidt	P43,904
F.J. Fodale	20,824	W.J. Schramm	24,795
W.H. Griffith	16,706	R.L. Stearns	36,937
A.M. Grove	39,697	J.D. Stevens	35,691
R.W. Hoffman	337114	W.J. Waugaman	20,304
		C.R. White	20,494

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:  
(NAME AND TELEPHONE NUMBER)


Eric T. Jones  
Reising, Ethington, Barnes,  
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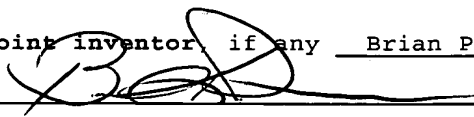
Eric T. Jones  
(248) 689-3500

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE(S)

Full name of sole or first inventor Josh Kelman  
Inventor's signature   
Date 5/14/99 Country of Citizenship U.S.A.  
Residence Rochester, Michigan  
Post Office Address 4223 Oak Tree Circle  
Rochester, Michigan 48306

Full name of second joint inventor, if any Brian Pour   
Inventor's signature   
Date 5/14/99 Country of Citizenship U.S.A.  
Residence St. Clair Shores, Michigan  
Post Office Address 22826 Englehardt St.  
St. Clair Shores, Michigan 48080

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR SIGNATURE BY THIRD AND SUBSEQUENT INVENTORS

Full name of third joint inventor, if any Ed Shortridge  
Inventor's signature Ed Shortridge  
Date 5/14/99 Country of Citizenship U.S.A.  
Residence Taylor, Michigan  
Post Office Address 14119 Zigler  
Taylor, Michigan 48180

Full name of fourth joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship U.S.A.  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of fifth joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship U.S.A.  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of sixth joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship U.S.A.  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED  
PAGE(S) WHICH FORM A PART OF THIS DECLARATION

☒ Signature for third and subsequent joint inventors. Number  
pages added 1.

☐ Signature by administrator(trix), executor(trix) or legal  
representative for deceased or incapacitated inventor. Number  
of pages added \_\_\_\_\_

☐ Signature for inventor who refuses to sign or cannot be reached  
by person authorized under 37 CFR 1.47. Number of pages  
added \_\_\_\_\_

\* \* \*

☐ Added pages to combined declaration and power of attorney for  
divisional, continuation, or continuation-in-part (CIP)  
application.

\_\_\_\_\_ Number of pages added \_\_\_\_\_

\* \* \*

☐ Authorization of attorney(s) to accept and follow instructions  
from representative.

\* \* \*

If no further pages form a part of this Declaration then end this  
Declaration with this page and check the following item.

\_\_\_\_\_ **This declaration ends with this page.**